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EMS Newsletter

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Highway Patrol To Take EMT Course

Somewhere is a sparsely populated area of Montana a car is proceeding down a two-lane highway at night. It is dark, and the driver has seen no other motorists for at least an hour. She is beginning to get drowsy; there is no rest area in the vicinity and only a narrow strip along the roadway is available for emergency stopping. Several minutes later she has lost control of her automobile—the car now overturned in a ditch beside the highway. The driver is unconscious and unaware of her injuries or their extent.

Within a short period of time, the wreck is discovered by another motorist who fortunately has a citizen's band radio which he uses to contact the Highway Patrol. Neither a physician nor trained in emergency aid procedures, the passerby tries to comfort the still unconscious woman without moving her unecessarily.

By the time the highway patrolmen arrive, an ambulance is on its way from a neighboring community. Still it may be hours before the accident victim will receive sophisticated emergency medical aid.

Although this is a hypothetical story, it is by no means an unfamiliar one to Montanans. For the automobile accident victim, like the heart attack patient, help is usually far away. Recently, however, a new program in emergency medical care was begun to shorten the time lag between occurrence and treatment.

Often the first aid to reach a traffic accident victim is in the form of the Montana Highway Patrol. Although the officers have received training in standard first aid procedures, few have completed the full EMT certification course. Now a program is being designed whereby all highway patrolmen will receive the needed training to be certified as emergency medical technicians.

A year ago a short course in EMT training was devised for the

Colonel Joe Sol "A better job"

Billings contingent of the Patrol and numbered approximately 30 men. The patrolmen participating received a 50-hour course adapted from the complete 81-hour course required for EMT certification.

Says Highway Patrol Chief Joe Sol, "We designed a course that was believed would revolve around the types of situations the patrolmen deal with and leave out some of the material that might not be necessary for a traffic officer to be up on. We have had quite a

Continued on page 4

EMS: THE NEED

When looked at statistically, the need for emergency medical services is overwhelming. Each year over 600 people die in Montana 20 per cent of whom could be saved by present technology in life-saving accidental situations. According to the National Safety Council, the accidental death rate in Montana is 57 per cent higher than that for the United States, and is the fourth leading cause of death in the state.

It is estimated that while motor vehicle accidents account for approximately 50 per cent of the total accidental deaths in Montana, the death rate for accidents other than motor vehicle is 40.5 per cent compared to a national rate of 28 per cent. In this state also, 75 per cent of all deaths between the ages of one and 34 are the result of accidents including motor vehicles and is the leading cause of death for that age group. Furthermore, statistics of the national safety council show that in 1971 accidents resulted in temporary disabling injuries to more than 11,200,000; killed more than 115,000; and permanently disabled more than 420,000.

What is particularly distressing to emergency medical people is that an estimated 60,000 lives per year could be saved nationwide by improving emergency medical services and realizing that medical emergencies other than accidents must also be considered the

turn to NEED on page 4

HEW Sponsoring Series Of National Symposiums

The Department of Health, Education, and Welfare will conduct a series of national symposiums as its Fiscal Year 1976 technical assistance program for successful grantees under the EMS Systems Act of 1973.

Of particular importance will be the November 11-13 meeting in Grand Rapids, Michigan at which there will be a discussion of how to develop specific patient care programs for the six clinical components of the EMS system: 1) care of accident victims, 2) specific care of the burn victim, 3) acute coronary care for the myrocardial infarction, 4) care of high risk infants, 5) patient management for poisonings, drug overdose, acute alcohol intoxication, and 6) psychiatric emergencies.

The Emergency Medical Services Bureau of the Department of Health and Environmental Sciences has invited physicians from each of the three regions in the state to attend. Further information on the symposiums is available from the Emergency Medical Services Bureau.

TENTATIVE SCHEDULE 1975-76

Topic	Location	Date
Categorization	Chicago	Sept. 9-10, 1975
EMS Systems Design	Grand Rapids	Nov. 11-13, 1975
Urban EMS Systems	Los Angeles	April 19-22, 1976
Rural EMS Systems	Denver	March 1976
Public Information	To be determined	May 1976
and Education	To be determined	To be determined
Evaluation		

REGIONAL WORKSHOPS

Region	Location	Date
III	Pittsburgh	Nov. 5-7, 1975
II	San Juan	Nov. 24-26, 1975
VIII	Bismark	Dec. 2-4, 1975
VII	Omaha	Dec. 9-11, 1975
IX	Redding or Sacramento	Jan. 13-15, 1976
V	Peoria	Jan. 20-22, 1976

NEW FACES IN EMS REGIONS

Ken Boster

Ken Boster has taken over as Regional Coordinator in Region III headquartered in Billings. Ken is a native of Boise, Idaho and a graduate of Boise State College. Although he received his degree in Business Administration, Ken while in school drove an ambulance, worked with the police and emergency medical services department where he worked on the state EMS plan and regional plan for the Idaho Falls area. Ken also graduated from a paramedic program in 1973.

Jim Eastman

Jim Eastman has joined the EMS Bureau as Regional Coordinator for Region I in Western Montana. Jim is a 1974 graduate of St. Bonaventure where he obtained his B.A. in Sociology. Hailing from New York City, Jim has also done Master's work at the University of Montana in Medical Sociology and Health Care Delivery Systems.

Presently Jim is engaged in improving communication between county EMS Councils and assisting communities in planning emergency medical services.

Contracts Discussed at November Meeting

A meeting was held in Helena on November 7 at which time EMS staff from around the state met with representatives of the Montana Medical Education and Research Foundation, the Montana Hospital Association, and Dr. John McQuiston of the Department of Sociology of the University of Montana to discuss and coordinate the efforts of those three who have contracted with the EMS Bureau for their services.

Specifically, the Montana Medical Education and Research Foundation has contracted with the Bureau for the development of an emergency patient transfer manual, the Montana Hospital Association for self-categorization of emergency departments, and Dr. John McQuiston for the development of an evaluation program for the EMS system.

Those efforts, which are funded by the Initial Operations Grant, are closely related to and deal directly with five of the EMS components: Facilities, Critical Care Units, Transfer of Patients, Standardized Medical Records Keeping, and Evaluation.

In his presentation of the evaluation program, Dr. McQuiston divided the initial system into two major parts or sub-systems. The first sub-system is **processural** following the emergency medical system as it proceeds from onset to a patient's change of status from emergency to some other designation. The second sub-system represents a "snapshot" of the entire medical system— emergency

continued on page 3

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CONTRACTS from page 2

and non-emergency—and is limited to a rather intensive study of a single diagnosis, Myrocardial Infarction.

The first sub-system is divided into three components: the responding vehicle for which an information system is being developed to both provide individual ambulance companies of needs and enable the EMS Bureau to evaluate this extremely important component; the emergency room will offer information on those patients that enter the system without using an emergency vehicle and information on the services that it provides; and patient transfers which will provide information on inter-hospital transfers of an emergency nature.

The diagnosis "snapshot" of the entire EMS System is intended to follow cases through the entire life situation from onset through rehabilitation or death. This subsystem differs from the processural in that rather than evaluating the response and care of the emergency system as such, it provides the base for evaluation of the **entire** medical system from care at home or in the physician's office through rehabilitation and death.

Also discussed at the November meeting was the planning grant and the time schedule for activities relevant to development and submission of the next EMS grant application.

EMS Bureau Chief Bob Quam commented on the meeting saying, "I thought that the meeting was very successful in that people involved in this effort got together for the first time. One of the important things coming out of the meeting is that the physicians' leadership in developing EMS systems is needed; without it there is not going to be any reduction in death and disability."

Approximately 40 people attended the meeting including representatives of the 27 EMS councils as well as members of the Governor's Advisory Council on EMS. All participants were provided with informational materials which can be shared with local councils.

$122,000 Planning Grant Received

Recently the Emergency Medical Services Bureau received a $122,000 planning grant to enable the three emergency medical services regional planning areas to devise regional EMS plans and conduct county planning.

The grant did not have any staff, to prepare regional plans which would be incorporated into a state application for EMSS Act monies to help develop systems for those areas.

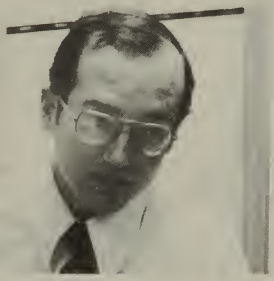
However, Paul Anderson of the EMS Bureau emphasized that the most important aspect of the grant was to "prepare detailed and comprehensive plans for the regions and their counties—not to just put together a list of needs for federal funding, because the money may not be there."

In a sense this represents a different modus operandi than in past grant applications and planning processes. Where before many plans were written to obtain federal aid, the emphasis now is on designing EMT systems on regional and county levels that can be funded and operated regardless of the availability of federal aid.

Anderson emphasized that the only manner in which the systems could be guaranteed is if they are planned and implemented on a regional and county level. Unfortunately such a proposition is not an easy one according to Anderson, for in many small counties there is not a sufficient tax base to support a sophisticated emergency medical services system. In such cases, there does need to be some form of assistance required if not in federal aid, then in a state supported system.

The timetable includes that a statewide application for EMS monies is to be completed by April 1, 1976. To do that work, planners have been hired and will be employed until June 30, 1976. During that time, the planners will be working on developing the regional plans and helping counties implementing as much of that planning as is possible.

The new planners are: Judy Wilson in Butte, Pay Wyse in Conrad, Lyle Monroe in Helena dnd Gerald Brown in Glasgow.

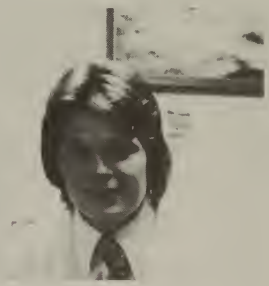


Lyle Monroe

Judy Wilson

The Montana Lung Association is currently sponsoring a Respiratory Disease Awareness Program for all Emergency Medical Technicians. The program, which is free of charge, is being sponsored by the Christmas Seal Campaign.

More information on the program may be obtained by contacting Steve McCann, Montana Lung Association, 828 Helena Avenue, Helena, Montana, 59601.



Gerald Brown

NEED from page 1

responsibility of emergency medical services.

For example, the American Heart Association has estimated that 20 per cent of heart victims dying outside the hospital could be saved through the establishment and maintenance of a total emergency medical services system.

What exactly is such a system? According to the Department of Health, Education and Welfare, such a system provides for the "arrangement of personnel, facilities, and equipment for the effective and coordinated delivery of health care services in an appropriate geographic area under emergency conditions occurring either as a result of the patient's condition or of other natural disasters or similar situations and which is administered by a public or non-profit, private entity which has the authority or resources to provide for the effective administration of the system."

According to Robert Quam, Chief of the Emergency Medical Services Bureau of the State Department of Health, "A dominant cause of current deficiencies in emergency medical care is the apathy or lack of awareness of the general public towards death from acute illnesses which are preventable."

He added that another key problem to be overcome is the shortage of well-trained personnel, ambulances, communications equipment, coordination among hospitals, as well as fragmented efforts of local services.

Realizing these problems, Quam looks to the effective utilization of services already existing for immediate, short-term solutions to the accidental death rate. "A lot can be done at the local level by forming more EMS councils to bring together those people who provide patient care in the prehospital phase of EMS. Those people include law enforcement, fire department, ambulance service, and the hospital emergency room personnel. A local EMS council can better foster communication among individuals and groups, work with the local Red Cross chapter for more first aid training and training in cardio-pulmonary resuscitation."

Highway from page 1

number of officers around the state who have attended technical school or junior colleges and put themselves through the course at their own expense and on their own time although we have provided training in standard first aid.

"Then about a month ago we learned that the full 81 hours would be preferable for training patrolmen in emergency medical procedures. So with the help of the Highway Safety Division, we are going to go back to Billings this winter and bring the people who have taken the short course up to the full 81 hours," said Sol.

Also of significance is the fact that the patrolmen will no longer be obliged to take the course at their own expense and time. "We are going to notify the men in the field that if they have the opportunity to take the course they may do so while on duty or at their own leisure. If an officer is on duty, however, he is still on call," Sol noted.

Funding for the program is coming from the Law Enforcement Education Program (LEEP), and it is intended that all highway patrolmen will take and complete the course over the next four years. EMT training will also be instituted as a required course over the next four years, and the training will be offered as a required course at the Patrol's Academy.

One obvious question is what will be the immediate effects upon accident victims? Because the program was begun on a voluntary basis only a year ago, it is too early to tell statistically what the effect has been. However, there seems to be a considerable amount of agreement that the training will enable many patients to arrive at the hospital in much better condition.

Says Sol, "Improvement? We have had a few responses; what I get from the people in the field is that they are much more qualified after they have completed the course, and I guess the response from the ambulance driver and the emergency room is that they are doing a better job."

According to Dr. Robert Stemsrud, a Helena Orthopedic Surgeon, "This will be particularly beneficial in Montana where there is a lot of trauma related to the accidents and the first persons to the scene could do a lot to help by getting patients out of shock and preparing splints. For orthopedics, it makes a great deal of difference."

Because the patrolmen must maintain coverage of the highways at all times, training will take place at staggered time periods and locations. Eventually over a four-year period, it is intended that the entire force of approximately 220 officers will become trained. Also a refresher course will be provided on a regular, on-ging basis.

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